

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003 OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan

NAIC Group Code _	(Current Period)	(Prior Period)	AIC Company Code	95453	_ Employer's ID Number _	38-2396958				
Organized under the I	_aws of	Michigan	Michigan , State of Domicile or Port of Entry							
Country of Domicile			United States	of America						
Licensed as business t	type: Life, Accident	& Health []	Property/Casualty []	Dental S	Service Corporation []					
	Vision Servic	e Corporation []	Other []	Health I	Health Maintenance Organization [X]					
	Hospital, Med	lical & Dental Service	e or Indemnity []	Is HMO	, Federally Qualified? Yes [X] No []				
Incorporated	12/03/	1981	Commenced Busine	ess	02/05/198	2				
Statutory Home Office		829 Forest Hills A (Street and Number			Grand Rapids, MI 49 (City or Town, State and Zip					
Main Administrative Of	fice			orest Hills Ave)					
	Grand Rapids, MI 49	9546	(Street and Number) 616-949-2410-119							
	(City or Town, State and Zip			(Are	ea Code) (Telephone Number)					
Mail Address		est Hills Ave SE	,		Grand Rapids, MI 49546					
	(Street and	Number or P.O. Box)			(City or Town, State and Zip Code)					
Primary Location of Bo	oks and Records	-		829 Fores	t Hills Ave					
	Grand Rapids, MI 49			(Street and	616-949-2410-116					
	(City or Town, State and Zip	Code)		(Are	ea Code) (Telephone Number)					
Internet Website Addre	ess		gvh	p.com						
Statutory Statement Co	ontact	Lynn Fehrle	Lynn Fehrle 616-949-2410-116							
	fehrlel@gvhp.coi	(Name) n			(Area Code) (Telephone Number) (E 616-949-9848	xtension)				
	(E-mail Address)				(FAX Number)					
Policyowner Relations	Contact		829 For	est Hills Ave S	SE					
,		(Street and Nu	mber)							
	Grand Rapids, MI 49 (City or Town, State and Zig			(4 0	616-949-2410					
	(City of Town, State and Zip	Code)		(Area Coo	le) (Telephone Number) (Extension)					
			OFFICERS							
President		oland E Palmer		Secretary_	Thomas W S	schouten				
Treasurer	Cı	aig D Thompson								
Jame	es T Kirby	V	ICE PRESIDENT	S						
	-,									
		DIREC	TORS OR TRUS	TEES						
	e I Grimm		Pamela L Silva		John B Miller Margaret Sudekum					
	ert A Start		Kathy L Lentz		wargaret S	uueKum				

State of	Michigan	ļ	SS
County of	Kent)	

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Roland Palmer President (n/a	Tom Schouten Secretary	Craig Thon Treasur	•			
n/a)	(n/a)	(n/a)				
Subscribed and sworn to before me this 31 day of 03, 2004		a. Is this an original filing?b. If no,1. State the amendment number2. Date filed	Yes [X] No []			
Elissa Belknap		3. Number of pages attached				

Elissa Belknap Administrative Assistant 01013000

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

11	2	3	4	5	6	7					
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted					
0199999 Total individuals											
Group subscribers:											
						1					
						•					
						•					
0200007 Craup gubooribor gubtetal		h	n	Λ	h	1					
0299997 Group subscriber subtotal		 0	0			261,602					
0299998 Premiums due and unpaid not individually listed	201,002	0		h	l	261,602					
0299999 Total group	261,602	} ^U	U	L	l	201,002					
0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities		 			 	 					
บ49999 Premiums due and unpaid from Medicaid entities	004 000					004 000					
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	261,602	0	0	0	0	261,602					

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables:						
0499999 Receivables not individually listed	0	0	6,755	76,196	76,196	6,755
0599999 Gross health care receivables	0	0	6,755	76,196	76,196	6,755

EXHIBIT 5 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
						-
ACCORD L. F. L. H. F. L. L. L.				Λ		^
0199999 Individually listed claims unpaid	175,128	υ			D	175,128
0299999 Aggregate accounts not individually listed-uncovered	2,045,861	80,541	5,898	1,520	3,281	2,137,101
0499999 Subtotals	2,220,989	80,541	5,898	1,520	3,281	2,312,229
0599999 Unreported claims and other claim reserves	2,220,000	00,011	0,000	1,020	0,201	1,812,414
0699999 Total amounts withheld						1,012,111
0799999 Total Claims unpaid						4,124,643
0899999 Accrued medical incentive pool and bonus amounts						, , , , , , ,

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	2	1	5	6	Admitted		
'	2	3	4	3	0	Auiii 7	o	
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current	
Individually Listed Receivables:			,	1				
Grand Valley Health Corp	4 , 887	58,550				63,437		
Grand Valley Health Management	109,375	5.372	179,120			293,867		
Grand Valley Health Facilities	121,585	, -	,			121,585		
Individually Listed Receivables: Grand Valley Health Corp. Grand Valley Health Management. Grand Valley Health Facilities. Grand Valley Technical Services.	8,659					.8,659		
0199999 Individually listed receivables	244,506	63,922	179,120	0	0	487 , 548	0	
0199999 Individually listed receivables	,	•				,		
0399999 Total gross amounts receivable	244,506	63,922	179,120	0	0	487,548	0	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Grand Valley Heath Corp	Management Fees, Employee Benefits	(47, 190)	(47 , 190)	
Grand Valley Technical Services	EDP Systems	29,608	29,608	
	1			
0100000 Individually listed approphia		/17 502\	(17,582)	Λ
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables		(17,582)	(17,302)	υ
0239393 F Aganes not mandany listed		(17,582)	(17,582)	0
U399999 Total gross payables		(17,002)	(17,002)	U

23

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT OF ART 1° COMMART OF TRANSACTIONS WITH HOVIDERS											
Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers					
Capitation Payments:											
Medical groups	277,295	0.7	228,284	100.0		277 , 295					
2. Intermediaries	0	0.0		0.0							
3. All other providers	0	0.0		0.0							
Total capitation payments	277 , 295	0.7	228,284	100.0	0	277 , 295					
Other Payments:						·					
5. Fee-for-service	3,265,896	8.3	XXX	XXX		3,265,896					
6. Contractual fee payments	18,603,398	47 . 2	XXX	XXX		18,603,398					
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX							
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX							
9. Non-contingent salaries		43.8	XXX	XXX		17 , 242 , 060					
10. Aggregate cost arrangements	0	0.0	XXX	XXX		<u> </u>					
11. All other payments	0	0.0	XXX	XXX		<u> </u>					
12. Total other payments	39,111,354	99.3	XXX	XXX	0	39,111,354					
13. TOTAL (Line 4 plus Line 12)	39,388,649	100 %	XXX	XXX	0	39,388,649					

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBITO - LATTI Z - COMMATTI OL TITANCACTICIO WITH INTERMEDIALIEC											
1	2	3	4	6	7							
			Average		Intermediary's							
			Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC							
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level BBC							
111110 0000	tune of morniodary	ouphanon r ara	- Capitation	. ota. / tajaotoa oapitai	00111101 20101 1120							
			•	•	•							
·												
9999999 Totals		0	XXX	XXX	XXX							

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

· · · · · · · · · · · · · · · · · · ·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	219,311		225 , 557	(6,247)	(6,247)	0
Medical furniture, equipment and fixtures	3,258,898		3,283,706	(24,808)	(24,808)	0
3. Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	3,478,209	0	3,509,263	(31,055)	(31,055)	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan

NAIC Group Code 0000 BUSINESS IN THE STATE OF	Michigan				DURING THE YE	AR 2003				(LOCA	TION) NAIC Compar	ny Code	95453
	1	Compre (Hospital &		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	19,561	252	17 ,592				1,717						
2 First Quarter	19,214	244	17 ,249				1,721						
3 Second Quarter	18,708	227	16,791				1,690						
4. Third Quarter	18,907	224	17,005				1,678						
5. Current Year	18,597	209	16,727				1,661						
6 Current Year Member Months	228,284	2,760	205,250				20,274						
Total Member Ambulatory Encounters for Year:													
7. Physician	18,854	228	16,952				1,674						
8. Non-Physician	54,437	658	48,944				4,835						
9. Total	73,291	886	65,896	0	0	0	6,509	0	0	0	0	0	
10. Hospital Patient Days Incurred	4,118	50	3,702				366						
11. Number of Inpatient Admissions	961	12	864				85						
12. Health Premiums Collected	43 , 309 , 562	597 , 652	38 , 138 , 098				4,573,812						
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	41,990,356	597,652	36,818,892				4,573,812						
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	39,388,648	476,216	35,414,309				3,498,123						
18. Amount Incurred for Provision of Health Care Services	39,388,648	476,216	35,414,309				3,498,123						

(a) For health business: number of persons insured under PPO managed care products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan

2. ____

NAIC Group Code 0000 BUSINESS IN THE STATE OF C	onsolidated			I	OURING THE YE	AR 2003				(LOCA	TION) NAIC Compai	ny Code	95453
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	19,561	252	17 ,592	0	0	0	1,717	0	0	0	0	0	0
2 First Quarter	19,214	244	17 ,249	0	0	0	1,721	0	0	0	0	0	0
3 Second Quarter	18,708	227	16,791	0	0	0	1,690	0	0	0	0	0	0
4. Third Quarter	18,907	224	17 ,005	0	0	0	1,678	0	0	0	0	0	0
5. Current Year	18,597	209	16,727	0	0	0	1,661	0	0	0	0	0	0
6 Current Year Member Months	228,284	2,760	205,250	0	0	0	20,274	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	18,854	228	16,952	0	0	0	1,674	0	0	0	0	0	0
8. Non-Physician	54,437	658	48,944	0	0	0	4,835	0	0	0	0	0	0
9. Total	73,291	886	65,896	0	0	0	6,509	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4,118	50	3,702	0	0	0	366	0	0	0	0	0	0
11. Number of Inpatient Admissions	961	12	864	0	0	0	85	0	0	0	0	0	0
12. Health Premiums Collected	43,309,562	597 , 652	38 , 138 , 098	0	0	0	4,573,812	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	41,990,356	597,652	36 , 818 , 892	0	0	0	4,573,812	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	39,388,648	476,216	35 , 414 , 309	0	0	0	3,498,123	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	39,388,648	476,216	35,414,309	0	0	0	3,498,123	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons under indemnity only products _____0

SCHEDULE A VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	1,346,668
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 10	(28,796
	2.2 Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 13	0
	4.2 Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 11	
	6.2 Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	C
8.	Book/adjusted carrying value at end of current period	1 , 317 , 872
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.		
12.	Statement value, current period (Page 2, real estate lines, current period)	1 , 267 , 858
	SCHEDULE B VERIFICATION BETWEEN YEARS	,
1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.		
5.		
6.	Amounts paid on account or in full during the year	
	Amortization of premium	
8.	(, , - , 3 3	
9.	3.3.	
10.		_
12.	Subtotal (Lines 9 plus 10)	
	Statement value of mortgages owned at end of current period	
	SCHEDULE BA VERIFICATION BETWEEN YEARS	
1	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	762 38
	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	
	Additional investment made after acquisitions	
3	Accrual of discount	
4.		
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
	Amortization of premium	
8.		
	Book/adjusted carrying value of long-term invested assets at end of current period	
		,

....762,387

....762,387

10. Total valuation allowance ...11. Subtotal (Lines 9 plus 10) ..

12. Total nonadmitted amounts

13. Statement value of long-term invested assets at end of current period $\boldsymbol{.}$

Schedule D - Part 1A - Section 1 NONE

Schedule D - Part 1A - Section 2

NONE

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

Verification of SHORT-TERM INVEST	MENIS Between Years				•
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	1,017,803	0	0	1,017,803	0
Cost of short-term investments acquired	0				
3. Increase (decrease) by adjustment	11,129			11,129	
Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	0				
7. Book/adjusted carrying value, current year	1,028,932	0	0	1,028,932	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	1,028,932	0	0	1,028,932	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	1,028,932	0	0	1,028,932	0
12. Income collected during year	0				
13. Income earned during year	0				

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

SCHEDULE S - PART 1 - SECTION 2

NAIC Company Federal ID Reserve Liability Company Federal ID Reinsurance Reins	Reinsurance Assumed for Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year												
NAIC Company Federal ID Code Number Effective Date Name of Reinsured Location Type of Reinsurance Assurance Premiums Premiums Premiums Premiums And Unpaid Losses Reserved TX. Type of Reinsurance Unearned Unearned Unearned Premiums Premiums Premiums And Unpaid Losses Reserved TX. SSL/L 349.625		2	3	4	5	6	7	8	9	10	11	12	
Company Gode Number Effective Date Name of Reinsured Location Reinsurance Assumed Premiums Premiums Premiums and Unpaid Losses Reserved 10043									Reserve Liability			i	
Company Federal ID Reinsurance Unearned Unearned Payable on Paid Coinsurance Code Number Effective Date Name of Reinsured Location Assumed Premiums Premiums and Unpaid Losses Reserved 10043 75-2551212 0.07/01/2000 American National Insurance TX SSL/L 349.625	;					Type of			Other Than for	Reinsurance	Modified	i	
10043 L 75-2551212 L07/01/2000 American National Insurance TX L SSL/L 349.625 L	ıny Fo	Federal ID				Reinsurance			Unearned	Payable on Paid	Coinsurance	Funds Withheld	
10043. L 75-2551212. L .07/01/2000. American National Insurance. TX. L SSL/L 349.625 L 349.625 L		Number	Effective Date	Name of Reinsured	Location	Assumed		Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance	
0199999 - Total Affiliates	7	.75-2551212	07/01/2000	American National Insurance	TX	SSL/L							
	99 – Tota	tal Affiliates					349,625						
												 	
							• • • • • • • • • • • • • • • • • • • •						
							•			• • • • • • • • • • • • • • • • • • • •			
						†							
			•										
													
												ł	
							• • • • • • • • • • • • • • • • • • • •						
							•						
												l	
			İ										
						I							
						ļ							
						ļ							
													
							•						
						†							
						†				†		<u> </u>	
						†						l	
039999 Totals 349,625	999 Tota	tals					349,625						

SCHEDULE S - PART 2

	Reins	urance Recoveral	ole on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Curre	ent Year	
1	2	3	4	5	6	7
NAIC Company Code 10043	Federal ID Number	Effective Date	Name of Company American National Insurance	Location TX.	Paid Losses	Unpaid Losses
0599999 - ACCL	ident and Health	- Non-Affiliates	Alliet I Call National Hisurance	ΙΛ	586.799	
0699999 - Tota	als - Accident an	d Health			586,799	
					†	
	·····	•				
					İ	
		• • • • • • • • • • • • • • • • • • • •				
						
					†	
		•				
					†	
		•			-	
					İ	
					ļ	
					 	
					İ	
					ļ	
					 	
	· · · · · · · · · · · · · · · · · · ·	•				
					 	
	· · · · · · · · · · · · · · · · · · ·	•				
		•				
					-	
	·····					
					-	
					†	
		•			-	
					İ	
		•			 	
					İ	
					ļ	
		•				
		•				
						
					t	
		•				
						
					t	
					I	
						
					†	
					1	
						
		•				
						
					İ	
0799999 - To	tals		·		586,799	

SCHEDULE S - PART 3 - SECTION 2

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year											
1	2	3	4	5	6	7	8	9	Outstanding S	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	1
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
22667	95-2371728	01/01/3000	American National	CA	SSL/L	409,818	(
	- Total Affiliate					409,818						
0299999 -	- Total - Non-Aff	iliates				0						
						•						
		•										l
												
		•			†	•						t
	• • • • • • • • • • • • • • • • • • • •	•				• • • • • • • • • • • • • • • • • • • •						
		•			•	• • • • • • • • • • • • • • • • • • • •						
					•							ł
												ł
	• • • • • • • • • • • • • • • • • • • •	•				• • • • • • • • • • • • • • • • • • • •						
		•										
					.							
	· · · · · · · · · · · · · · · · · · ·											
	· · · · · · · · · · · · · · · · · · ·	•			•	• • • • • • • • • • • • • • • • • • • •						
		•			†							ł
					1							
					I							
	• • • • • • • • • • • • • • • • • • • •	•			ļ	•						
												
[ļ	
		•										
	• • • • • • • • • • • • • • • • • • • •				†	•						
		•										
					†							İ
					1							L
0399999	7 Totals					409,818						

SCHEDULE S - PART 4

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Cols. (5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
					• • • • • • • • • • • • • • • • • • • •							• • • • • • • • • • • • • • • • • • • •	
							NE						
	·····												
													-
													-
ļ													ļ
													-
1199999	Totals										<u> </u>		

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		- 0000 C	iiiitteu <i>)</i>			
		1 2003	2 2002	3 2001	4 2000	5 1999
Α. (OPERATIONS ITEMS					
1.	Premiums	410	333	306	322	255
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses	39,389	36 , 194	34,393	30,200	34,792
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable	262	988	800	598	547
7.	Claims payable	3,878	3,478	4,114	0	5,416
8.	Reinsurance recoverable on paid losses	587	525	108	0	0
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	, , , , , , , , , , , , , , , , ,	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	6,982,326		6,982,326
2.	Accident and health premiums due and unpaid (Line 12)	261,602		261,602
3.	Amounts recoverable from reinsurers (Line 13.1)	586,799		586,799
4.	Net credit for ceded reinsurance.	XXX	586,799	586 , 799
5.	All other admitted assets (Balance)	1,423,644		1,423,644
6.	Total assets (Line 26)	9,254,371	586,799	9,841,170
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	4, 101, 344	0	4, 101, 344
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	1,275,471		1,275,471
12.	Total liabilities (Line 22)	5,376,815	0	5,376,815
13.	Total capital and surplus (Line 30)	3,877,556	XXX	3,877,556
14.	Total liabilities, capital and surplus (Line 31)	9,254,371	0	9,254,371
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool.	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	586,799		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	586,799		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	586,799		

57

SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES												
1	2	3	4	5	6	7	8	9	10	11	12	13	
						Income/							
					Purchases, Sales or								
					Exchanges of	Incurred in						Reinsurance	
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/	
					Real	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on Losses	
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Any Other Material Activity Not in the Ordinary Course of		and/or Reserve	
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit	
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)	
	38 - 3265342 38 - 3247943 38 - 3247950	Grand Valley Health Corporation. Grand Valley Health Management. Grand Valley Health Facilities. Grand Valley Health Plan Grand Valley Technical Services.					Service Contracts 567,900	-			567,900		
	38-3247943	Grand Valley Health Management					28.800				28 ,800 1 ,434 ,003		
	38-3247950	Grand Valley Health Facilities					1 434 003				1,434,003		
95453	38 - 2396958 38 - 3668000	Grand Valley Health Plan					(2,733,124)				(2.733.124)		
	38-3668000	Grand Valley Technical Services					702,421				702,421		
		,					,				,		
]									L				
					I								
					I								
	1				I								
										• • • • • • • • • • • • • • • • • • • •			
					•					• • • • • • • • • • • • • • • • • • • •			
					†								
					†								
					†								
										• • • • • • • • • • • • • • • • • • • •			
					 								
					 								
					+					• • • • • • • • • • • • • • • • • • • •			
										•			
													
													
					 								
					 								
					}								
					}								
			_	_	_	_	_	_		_		_	
9999999 (Control Totals			0	1	0	0	Λ	XXX	0	Λ.	0	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	ch the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod oplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the inter					w. I
	MARCH FILING					
1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes	[]	No [Х
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes	[•	No [
3.	Will an actuarial certification be filed by March 1?	Yes	[]	No [Х
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes	[]	No [Χ
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes	[]	No [Χ
6.	Will the SVO Compliance Certification be filed by March 1?	Yes	[]	No [Χ
7.	Will the Life Supplement be filed the state of domicile and the NAIC by March 1?	Yes	[]	No [Χ
8.	Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?	Yes	[]	No [Χ
	APRIL FILING					
9.	Will Management's Discussion and Analysis be filed by April 1?	Yes	[X]	No [
10.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	Yes	[]	No [Χ
11.	Will the Investment Risks Interrogatories be filed by April 1?	Yes	[X]	No [
	JUNE FILING					
12.	Will an audited financial report be filed by June 1 with the state of domicile?	Yes	[X]	No [
XPL	ANATIONS:					
). AD C	PODE.					
An C	ODE:					
1.						
2.						







SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

OVERFLOW PAGE FOR WRITE-INS